

Fate of the 1928 Medical Library Bill.—At the last legislative session two years ago, a bill was submitted and was on its road to passage had not some unforeseen opposition come into being. It is possible that at the coming session of the legislature this same opposition may again be in evidence; but if so, it can probably be dragged more into the open and a demand made on its proponents to give more adequate and substantial reasons for their opposition than was to be had two years ago.

For those members who are not familiar with this situation, it may be stated that the State of California maintains at Sacramento a general library for citizens of the state. In the proposed law of two years ago it was stipulated that this central state library should be the depository and sole distributing depot for the books in this proposed state medical library. The library officials at Sacramento seemed, however, to be reluctant to assume the responsibilities of a division to be known as a state medical library, and which could be called upon to send books and journals by mail to the physicians of the state.

The Proposed 1931 Law.—As a concession to the attitude of these library officials and in an endeavor to still attain the major ends in mind, namely, to make it possible for any physician citizen in California to obtain literature and books from a state library, the draft of the 1931 state library bill will probably be changed somewhat. In the revised plan, while the central depository and headquarters of the state medical library will be at Sacramento, provision will be made whereby branch state medical library facilities may be maintained in connection with other medical libraries, such as that of the University of California at San Francisco and the Barlow Medical Library at Los Angeles. Due provision also will be made for mail parcel distribution of books, from either the central library or one of its major branches, so that medical literature may be brought to the offices of physician citizens who desire to avail themselves of these privileges. In short, the plan contemplates the utilization of certain surplus funds, raised through special taxes on physicians, to aid in the promotion of further knowledge and proficiency to such citizens in the same manner as the State of California carries on miscellaneous library work for other citizens from funds raised by general taxation sources.

It is hoped that the revised measure will be introduced and go on to passage and approval by Governor Rolph. The funds to be used are "excess funds" which the state board of examiners cannot use. Those funds, raised by special taxes on physician citizens, can be made to work for the benefit of citizens at large through the promotion of medical education and proficiency; and this in turn will make for a greater conservation of health and life for the citizens of California. With so straightforward a platform, there should be little reason for legitimate opposi-

tion. Members of the profession will be kept in full touch with the measure after its introduction in the legislature.

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Important That Legislative Contacts Be Maintained.—Other matters of public health and medical profession interest will be commented upon in later issues of this journal. In the meantime, members and county societies can lay the foundation for later efficient coöperation by contacting with state assemblymen and senators who will go to Sacramento on January 5. These contacts should also be revived during the February recess, at which time specific bills could be further discussed.*

THE COUNTY MEDICAL SOCIETY—A BUSINESS ORGANIZATION

An Address by President Kinney of the California Medical Association.—The first of the special articles in this number of CALIFORNIA AND WESTERN MEDICINE is a paper under the above caption by the president of the California Medical Association, Dr. Lyell C. Kinney of San Diego. As stated by President Kinney, the economic phases of illness have been much discussed in recent years, both in committee reports and in medical and lay journals. These economic problems associated with illness, are not only many, but also most difficult of solution. This, because of their intimate relation to the social lives and habits of lay citizens, and because the economic phases of the practice of medicine have been carried on as expressions of guild service as in the days gone by, instead of as other businesses in a modern workaday world. In other words, the medical profession in its economic relationships has gotten somewhat out of step with the rest of the world, and needs to survey this field to find out what readjustments are necessary.

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What Are the Rewards of Medical Practice.—The individualism of the work of a physician, as expressed in a practically necessary and in a very personal and intimate relationship between a doctor and each of his patients, seems to be a something from which the successful physician cannot escape even if he would, and successful physicians would not. For the major rewards to those who practice medicine in the highest and best sense are not always the monetary rewards, so much as they are the rewards which come from true and helpful service.

This last statement would not imply that physicians should not be properly and adequately paid in money for services rendered; but it does

* In the January 1929 issue of California and Western Medicine, page 50, the measure which was to bring into being the "California Department of Professional Standards" was discussed. That measure became a law and the California Board of Medical Examiners has gone under its jurisdiction. Because much discussion took place concerning its possible effects upon licensure, it has been deemed worth the while to print in the Miscellany Department of this number of California and Western Medicine the October report of the California Department of Professional Standards. The healing art and other licensure figures given therein should provide food for thought. Readers of California and Western Medicine are urged to glance through the report. See page 915.

mean with many physicians, that over and above such monetary compensations as come to them, is the reward which comes from loyalty to service for human fellows; and which type of service as far back as written records go, has peculiarly characterized true disciples in the profession of the healing art.

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These Economic Problems Are of Large Scope. The officers of the California Medical Association in the last several years have given much study to the modern-day economic problems which the medical profession is everywhere called upon to face. These studies were undertaken in the hope of finding and of being able to offer for the consideration of California Medical Association members, plans for action which would make for better things. These problems, however, as we all more and more realize, are of such tremendous and intricate scope that remedial plans of a practical nature are not easy to find and outline.

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A Special Merit in President Kinney's Paper. Reasons such as these make this paper by President Kinney of special value, because he starts with a county medical society, which is the basic unit in our whole scheme of medical organization. He then outlines things that can be done; and which, if done, will mean a step forward to a better understanding and solution of some of these problems which are so closely concerned with the welfare and status of members of the medical profession.

The paper has been given first place in the December issue not because it comes from the pen of the president of the California Medical Association, but because it deals with subject-matter which the editor deems as important or more important than any other that has a relationship to scientific medicine. For as has been said in this column on more occasions than one, the moment the economic structure of medical practice is rent asunder, that moment will also witness a real retrogression in scientific medicine. To truly promote scientific medicine, we must also pay proper attention to economic medicine.

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No Physician Can Escape His Responsibilities in These Problems.—There is no member of the California Medical Association so profound in his medical knowledge and practice but has his own individual responsibilities in these big problems of medical economics with which the further development of scientific medicine is so intimately identified. It may be said that every member of the California Medical Association owes it to his profession and to himself to ask himself just how much he has done in the past and is doing in the present to aid in the solution of some of these problems. If each of us will do that, we will be in position to begin to talk of our intensive study of these matters, and from that kind of study and thought, plans for real progress are far more apt to result.

FEDERAL AND STATE FOODS AND DRUGS ACTS—INFLUENCE OF ADVERTISING METHODS THEREON

The First Pure Foods and Drugs Laws of Twenty-Five Years Ago.—In last month's number of CALIFORNIA AND WESTERN MEDICINE, in its Twenty-Five Years Ago column, were printed some excerpts upon the expose in *Collier's Weekly* by Adams in the year 1905. Those articles by Adams and others played a very large part in making it possible for the late Harvey W. Wiley, then chief of the United States Bureau of Chemistry, and other co-workers, to secure public support and to bring into being the Federal Foods and Drugs Act of that period.

A quarter of a century has since elapsed. These intervening twenty-five years have witnessed a most creditable advance in the protection of the public health because of federal and state laws then and since inaugurated, which are designed to prevent the sale of misbranded foods and drugs. There is still, however, a vast deal of work to be done, and in the solution of these problems of today and of the future, the medical profession, because of the expert knowledge of its members, has distinct obligations.

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How Present-Day High Pressure Advertising Makes New Laws Necessary.—In recent years, with the advent of high pressure advertising, it has been found that the pure foods and drugs laws which were enacted twenty-five years ago are no longer adequate. Steps should be taken by medical and other organizations which are interested in the public weal and health to put more teeth in our federal and state pure foods and drugs laws. Then the greed of dishonest dealers in drugs and foods would bring to such individuals the punishment which their avarice and lack of conscience deserve.

Apropos of the influence of modern-day advertising, it is to be remembered that while foods and drugs distributed in interstate commerce cannot be misbranded on their container labels, without danger of federal interference, there is very little in our laws to prevent the makers or sellers of goods from giving, through printed or radio advertisements, false or misleading or even fraudulent information concerning the same.

Arthur Brisbane recently stated that an advertisement in order to be successful must have five qualities; namely, be seen, read, understood, believed in, and the article wanted. Brisbane stated further that if there was a failure in any one of these five qualities, then the advertisement would fail of its final purpose. In the matter of the protection of the public from impure foods and drugs we need laws that would make impossible the application of the first four of Brisbane's requisites. Then the decisive or final fifth—the "wanting the article" requisite—would not come into play for the financial benefit of fraudulent advertisers. Since fraudulent advertisers are only interested in advertising if the fifth or purchase